

Division of Health Care Finance and Policy
Claims Update – April 9, 2009
ERBD Waiver Request Process

Issue: This notice serves to outline the process that providers should follow in submitted ERBD claims to the Division where a provider assisted an individual with submitting an MBR and subsequently could not comply with the 120 day collection period due to the individual becoming a LIP.

Update: The Health Safety Net has developed a process that providers may use to indicate to the Division instances where a Provider assisted a patient with an application that has resulted in a determination into an eligibility category exempt from collection action per 114.6 CMR 13.08(3). This process may be used to demonstrate that a patient's services are eligible for ERBD reimbursement per 114.6 CMR 13.06(2)(a)(2).

After assisting a patient with a Virtual Gateway (VG) application, providers have access to a screen on the Virtual Gateway titled "Application Status Information." A printout or screenshot that shows an "Approved" application status may be used as evidence that the provider assisted the patient with the completed application.

Hospital inpatient ERBD claims require evidence of 120 days of continuous collection activity in order to pass adjudication. Without this evidence, claims will remain in a pending status. These claims may be submitted to the Division, along with the "Application Status Information" screen as evidence that the provider successfully assisted the patient with an application that led to a determination into an eligibility category exempt from collection activity. The printout or screenshot may be mailed, faxed, or emailed to the Division of Health Care Finance and Policy.

Faxes should be sent to the attention of DHCFP Help Desk at (617)727-7662. Emails should be forwarded to dhcfphelpdesk@state.ma.us. Hard copies should be mailed to:

Division of Health Care Finance and Policy
Attn: DHCFP Help Desk
2 Boylston Street
Boston, MA 02116.

For outpatient hospital ERBD claims, providers must retain a printout or screenshot at the provider site of this screen as they would retain any other evidence of collection activity for ERBD claims.

As with any other ERBD claims, these claims must be written off no earlier than 120 days after the date of service.

Providers with questions regarding this process should contact the Division's Help Desk at (800) 609-7232 or dhcfphelpdesk@state.ma.us.